· ,	ON FOR DETERMINATION OF INSURED STATUS	FOR OFFICE USE ONLY				
Please Print		CLAIM: IC AC Reopen				
1. SOCIAL SECURITY ACCOUNT NUMBER		PROGRAM: REG EB OTHER				
		FILE DATE:				
2. NAME:LAST	FIRST MIDDLE	BYB/EFF DATE:				
		BIBIEFF DATE.				
Other Name Worked Under:		LO: PART/TIME T P B				
3. ADDRESS:		TRANS: Y N OCC RACE: W B I S H C F J O A P				
		<b>ETHNIC</b> : 1 2 3				
CITY	STATE ZIP CODE	M.C. INSTRUCTIONS GIVEN PAMPHLET GIVEN				
4. TELEPHONE NUMBER: (808)	BRI GIVEN SSN VERIFIED					
5. MARITAL STATUS: Single ☐ Marrie	STOP MONETARY					
6. NUMBER OF DEPENDENTS YEARS OF EDUCATION YOUR BIRTH DATE						
7. I certify, under penalty of perjury, that I am a citizen or national of the U.S.						
	Place of Birth	.   200				
8. Will you be referred to your next job by a labor union? ☐ YES ☐ NO						
If yes, union name: Local Number:						
Did you work this week?     If yes, hours worked: Pay R		2				
	l support payments? ☐ YES ☐ N					
If yes, where (state)?						
FOR OFFICE USE ONLY	11. WORK RECORD: LIST ALL EMPLOYMENT FULL-TIME OR PART-TIME FOR	THE PAST 18 MONTHS BEGINNING WITH YOUR				
FOR OFFICE USE ONLY	CURRENT OR MOST RECENT EMPLOYMENT. INCLUDE FEDERAL, CIVILIAI	N, MILITARY, AND OUT-OF STATE EMPLOYMENT.				
	EMPLOYER NAME	From to:				
	ADDRESS	Type of work				
CHARGE		Reason for Separation: Laid Off–Lack of Work □ Quit □; Discharged □; Other □; Still Employed □				
CODE						
	PLACE EMPLOYED	Explain:				
SF-8 Based: Y N SF-8 Issued: Y N	PH. NO EMPLOYMENT TYPE: FULL-TIME   PART-TIME	-				
	EMPLOYER NAME	From to:				
	ADDRESS	Type of work Reason for Separation: Laid Off–Lack of Work □				
CHARGE CODE		Quit □; Discharged □; Other □; Still Employed □				
	PLACE EMPLOYED	Explain:				
SF-8 Based: Y N	PH. NO EMPLOYMENT TYPE: FULL-TIME   PART-TIME					
SF-8 Issued: Y N						
	EMPLOYER NAME	From to:				
	ADDRESS	Type of work_ Reason for Separation: Laid Off–Lack of Work □				
CHARGE		Reason for Separation: Laid Off–Lack of Work  Quit  Quit  Q; Discharged  Q; Other  Q; Still Employed  Q				
CODE	PLACE EMPLOYED	Explain:				
SF-8 Based: Y N	PH. NO EMPLOYMENT TYPE: FULL-TIME □ PART-TIME □					
SF-8 Issued: Y N	ENII EOTMENT THE ET OLE-TIME IN TAKT-TIME II					
12. Were you a director, officer, owner or	shareholder of a business or corporation within the past 15 months?	□YES □NO				
If ves. Name of Business						
13. Are you receiving or have you applied for any type of pension or social security retirement benefits? YES NO If yes, amount you are receiving monthly: \$						
14. Have you claimed, received, or applied for unemployment benefits in the past year? ☐ YES ☐ NO If yes, where? City						
If yes, where? City						
regarding my claim may be furnished to authorized agencies for the purposes of income and eligibility determination. In compliance with P.L. 93-579, I authorize my						
	on requested in connection with my claim for unemployment insurance benefits.  Sigister for work with the State Workforce Development Division or Union Hiring Ha					
	ided above is true to the best of my knowledge. I UNDERSTAND THAT THE L.	AW PROVIDES PENALTIES FOR FALSE				
STATEMENTS OR FOR WITHHOLDING INFORMATION IN CONNECTION WITH THIS CLAIM.						
INTERVIEWERIO GIONATURE	OLAIMANTIC CIONATURE	DATE				
INTERVIEWER'S SIGNATURE	CLAIMANT'S SIGNATURE	DATE				